

Exhibit B

7/29/2020

Settlements & Disclosures

Subject: **Settlements & Disclosures**

Date: 7/29/2020 1:24:48 PM Eastern Standard Time

From: admin@acknowledgedebtresolutions.com

To: [REDACTED]

Here are the documents in regards to the settlement agreement we offered you. Please sign and send back. Authorization form has two signatures and initials top and bottom. If you have any questions please feel free to contact us at 833-626-3397.

Best Regards,
Robin Jones, ADR
Administrative Assistant
833-626-3397



Acknowledge Debt Resolutions

**110 Trade Cross 1st Floor
Bluffton, South Carolina 29909
AcknowledgedDebtResolutions@gmail.com
833-626-3397**

JASON R MATTHEWS

File Number: 2020-57477

You are agreeing to receive your documentation via email that is closed secure and is protected by you and no one has access to this email without your expressed permission.

You must sign, date and submit this document back to our office to release your account documentation. You understand this office or any of its affiliates including any associated company's owner operator's managers or employees does not sell or share or any personal information with 3rd party companies. You understand that **Acknowledge Debt Resolutions** is a payment processing entity and any claims should be sent to the company you spoke with. You agree to hold harmless **Acknowledge Debt Resolutions** and its owner including all principals, affiliates, entities and/or registered agents as well as managers and collectors. You agree this debt was in no part filed or discharged in any bankruptcy and no notice of bankruptcy was given to our office via written or verbal notice, you agree no notice or documentation has been provided to show that said account has been paid prior to the current arrangements set with original agency. You agree you are not signing this document under any duress. You agree you have a right to dispute this debt and have a right not to pay. You agree this is documentation is not a demand to pay, this is an attempt to inform you of a matter in our office that requires your attention. You understand this is an attempt to collect a debt and any information obtained is used solely for that purpose. You understand that all calls may be monitored and/or recorded for compliance purposes.

SIGNATURE _____ DATE _____

Thank You,
Processing Department
NC PERMIT NUMBER: S1190054

THIS IS A COMMUNICATION FROM A DEBT COLLECTION OFFICE.



Acknowledge Debt Resolutions

**110 Trade Cross 1st Floor
Bluffton, South Carolina 29909
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833-626-3397**

JASON R MATTHEWS
[REDACTED]
[REDACTED]

Merchant Name: Continental Finance
Merchant Number: 5206054260258072
Original Balance: \$1527.37
Settlement Balance: \$575.75
File Number: 2020-57477
Date Settlement Expires: July 24 2020

Acknowledge Debt Resolutions purchased this account with the legal right to collect, settle or close for the amount noted above. A consumer can dispute all or any part of a debt at any time, but only a written request sent within thirty days of receipt of the first written notice of the debt triggers validation rights under the FDCPA, 15 U.S.C. This letter serves as notice that your outstanding account with Continental Finance is now being handled by **Acknowledge Debt Resolutions**. If you have any questions regarding your payment or other agencies contacting you please contact our office immediately at **833-626-3397** for any further questions. Please retain this letter for your records.

The amount, as noted above, is due in our office per the agreed upon date(s). We are not obligated to renew this offer but we will work with you in coordinating a payment arrangement to pay this debt in full and with no reduction in price. There will be no payment arrangements made for any settlement offer except what has been otherwise noted.

Once the settlement is completed and final payment posts the balance is considered paid in full and no further legal obligation is owed. You will have a paid account with a (-0-) zero balance. This letter will serve notice to all parties directly or indirectly involved that any attempts to contact this consumer or to collect on this arrangement after receipt of this letter is considered illegal and harassment under guidelines set forth by the F.D.C.P.A. If there are any questions please contact the agency listed at the top of this letter and cease and desist all communication with this consumer and anyone directly or indirectly associated with this consumer in the attempt to illegally collect this debt.

By requesting to receive these documents you agree this debt was in no part filed or discharged in any bankruptcy and no notice of bankruptcy was given to our office via written or verbal notice, you agree no notice or documentation has been provided to show that said account has been paid prior to the current arrangements set with **ADR**. You hold harmless **ADR** as well as employees directly or indirectly related to this matter including all principals, affiliates, entities and/or registered agents as well as owners. The receipt of this document and/or phone call does not imply directly or indirectly stated any legal action will ensue. This is a communication from a debt collector and any information obtained will be used only for that purpose.

Thank You,
Processing Department
NC PERMIT NUMBER: **S1190054**

THIS IS A COMMUNICATION FROM A DEBT COLLECTION OFFICE

NC PERMIT NUMBER: S1190054

Sign and complete this form to authorize **Acknowledge Debt Resolutions** to make debit transactions to your credit, debit card or checking account information listed below.

By signing this form, you give **Acknowledge Debt Resolutions** permission to debit your account for the amount indicated on the indicated date(s) only. This form gives no permission for any debits to your account other than what is listed or authorized by you.

If your payment(s) has already processed there will be no additional charges to your credit, debit or checking account.

Please download this form and save this for your records as this is your receipt of payment(s) on card number(s) ending in

You agree that you are paying this for goods and services for client Continental Finance

with original account number 5206054260258072

Signature _____ **Date** _____

This is a communication from a debt collection office and any information obtained will be used solely for that purpose.

If you have any questions regarding your payment or other agencies contacting, you please contact our office immediately at 833-626-3397.

Please complete the information below:

JASON R MATTHEWS

File#: 2020-57477

Authorizes ADR to charge my credit/debit card account indicated below for:

[illegible]

MAKING PAYMENT FOR JASON R MATTHEWS

CARD TYPE:	VISA
NAME:	JASON R MATTHEWS
CREDIT CARD:	**** * *****
BILLING ADDRESS:	

By signing this document, you agree the payment and or payment arrangement made today was a direct result of goods and services made received or authorized by you and this electronic payment(s) is authorized as a payment method even though the card was not present. You understand there will be no exchange of merchandise only collection of money owed for your agreed-upon debt. You agree this payment is made with no intentions of a refund be it partial or in full except at the sole discretion of the agency funds were made too. You agree you are thoroughly informed and received a complete explanation and you have a total understanding of what this payment is for. ADR is a payment processing entity and any claims should be sent to the original agency. You agree this debt was in no part filed or discharged in any bankruptcy and no notice of bankruptcy was given to our office via written or verbal notice, you agree no notice or documentation has been provided to show that said account has been paid prior to the current arrangements set with original agency and no paid in full letter will be excepted once funds are remitted. You agree you are not signing this document under any duress. You hold harmless the employees directly or indirectly related to this matter including all principals, affiliates, entities and/or registered agents as well as owners. _____ (INITIALS)

SIGNATURE _____

DATE _____